

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DPA/FCD
 AsofDate 11/01/2012
 Voucher Vchr VchrlneDescr Distr Account Account Fund VendorName 1099 Accounting Period PurchaseOrder Invoice Number Total Amount
 Number Line Line# Description

#0000210589
 11-6-12

00313887	1	1/S Meals & Lodging	1	542200	Employee 1/S Meals & L	06101	ADAMS RICH-001	2013	10	0000093549	Adams, R. 10.9-1	435.00
Total For Voucher												435.00

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary


Business Unit: 66500
 Voucher ID: 00313887
 Voucher Style: Regular
 Invoice Number: Adams, R. 10.9-10.12.12
 Invoice Date: 10/24/2012
 Total: 435.00







Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

*Pay Terms: Pay Now  Schedule Payments











Payment Information Find | View All First 1 of 1 Last  

Scheduled Payment: 1
 *Remit to: 0000097303 
 Location: 001 
 *Address: 1 
 ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345
 Gross Amount: 435.00 USD
 Discount: 0.00 USD 
 Late Charge

Scheduled Due: 10/24/2012 
 Net Due: 10/24/2012
 Discount Due:
 Accounting Date:

Payment Method		Pay Group:	
*Bank:	WFB10 		
*Account:	B 	RE	
*Method:	ACH  ACH	N	
Message: Message will appear on remittance advice.			

Messages

Summary		Invoice Information		Payments		Voucher Attributes		Error Summary	
Business Unit: 66500		Invoice Number: Adams, R. 10.9-10.12.12							
Voucher ID: 00313887		Invoice Date: 10/24/2012							
Voucher Style: Regular		Total: 435.00							
Voucher Processing									
<input checked="" type="checkbox"/> Post Voucher <input type="checkbox"/> Close Voucher									
<input checked="" type="checkbox"/> Revalue Voucher <input type="checkbox"/> Delete Voucher									
Accounting Instructions									
*Accounting Template: STANDARD  Account At: Gross 									
Match Action									
*Status: Ready 									
<input type="checkbox"/> Pay UnMatched Voucher									
Transaction Currency									
*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000									
Voucher Approval									
*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 									
Approval Rule Set: Payment Approval Rule Set 1 									
Self Billing Invoice									
*SBI Num Option: Group Vouchers (Auto-Nur) SBI Number:									
Prepayment									
Prepayment Reference: <input type="checkbox"/> Automatically Apply Prepayment <input type="checkbox"/> Postpone Withholding									
Letter of Credit									
Letter of Credit ID: 									
Tax Group									

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima


Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name:	Meeting with Cabinet Secretary in Santa Fe.				
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	10/05/12	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	10/09/12	Time:	07:00 AM	Return Date: (month/day/yr)	10/12/12 Time: 07:00 PM
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

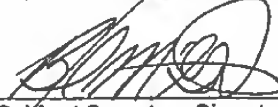
546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 435.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 435.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 Employee Signature	Date
---	------

Supervisor/Bureau Chief Signature	Date
-----------------------------------	------

Division Director/Hospital Administrator (As per specific division requirements)	Date
---	------

 Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)	Date
--	------